

**LLANFYLLIN  
RURAL DISTRICT COUNCIL.**

---

**ANNUAL REPORT**

**OF THE**

**Medical Officer of Health**

**FOR THE**

**YEAR 1952.**

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CARTREF,

LLANFAIR CAEREINION,

WELSHPOOL.

*20th October, 1953*

*To the Chairman and Members of the Llanfyllin Rural  
District Council.*

Lady and Gentlemen,

I have the honour to submit to you my Annual Report, dealing with the Vital Statistics, Health and Sanitary Circumstances of your District for the year 1952.

General health during the period appears to have been good, there were no Epidemics of note. The Epidemic of measles which ravaged the district during the previous year subsided leaving no discernible ill effects amongst those children who contracted the disease.

No cases of Diphtheria were notified and this, without doubt was due to the artificial immunity conferred upon children by protective injections. It is again urged upon parents and those in charge of children the continued importance of ensuring that all babies and children are actively immunized against the disease.

During the year the Birth Rate remained much the same while the Death Rate showed a fall. Agriculture and occupations associated with and dependant upon this industry remain the chief pre-occupation of the area and, as far as I am aware, no new industries were introduced or established.

Afforestation and the maintenance of roads absorb increasing amounts of available labour. Mains Electricity is now being made obtainable in the North Eastern portion of the area—a very much needed commodity—and it is hoped that, in the not to distant future the remaining parts of the area will be included in these National Schemes.

Continued progress is being made with the erection of houses but the extension of public water supplies makes but slow progress and this applies also to the prosecution of the various schemes for sewage disposal which are so urgently needed in the larger centres of population in the area.

My thanks again are due to your Clerk and his Staff and also to your Chief Sanitary Inspector and members of his Staff for their advice and active co-operation during the year.

I have the honour to remain,

Ladies and Gentlemen,

Your obedient Servant,

W. MILTON JONES,  
M.B., Ch.B.

## SECTION "A."

### Statistics and Social Conditions of the Area.

Area of the District—163,477 Acres.

Registrar General's estimate of Population for mid-year  
1952—9,987.

Population (1951 Census)—10,261.

Number of Inhabited Houses—3,336.

Rateable Value—£57,122.

Sum represented by a Penny Rate—£233.

### Extracts from Vital Statistics for the Year 1952.

		<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
<b>Live Births</b> (Total 160)	{ Legitimate	... 79	74	153
	{ Illegitimate	... 3	4	7

Birth Rate per thousand of the estimated population—16·02.

		<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
<b>Still Births</b>	{ Legitimate	... 3	—	3
	{ Illegitimate	... —	—	—

Still Birth Rate per thousand of the estimated population—·30.

**Deaths.** Males—72; Females—60; Total—132.

Death Rate per thousand of the estimated population—13·2.

Number of Women dying in or in consequence of child birth:—

From Sepsis—Nil. From other causes—Nil.

Maternal Mortality Rate per thousand total births—Nil.

Number of Deaths of Infants under 1 year of age:—

				<i>Male.</i>	<i>Female.</i>	<i>Total</i>
Legitimate	...	...	...	4	3	7
Illegitimate	...	...	...	—	—	—

*Death Rate of Infants under 1 year of age:—*

All Infants per thousand Live Births—43·75.

Legitimate Infants per thousand Live Births—43·75.

Illegitimate Infants per thousand Live Births—Nil.

Deaths from Measles (all ages)—Nil.

Deaths from Whooping Cough (all ages)—Nil.



Deaths of Infants under 4 weeks of age—

				<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	...	...	...	4	1	5
Illegitimate	...	...	...	—	—	—

Deaths from Diarrhoea (under 2 years of age)—Nil.

Deaths from Cancer—

Male—7 ; Female—8 ; Total—15.

Average age at death of those dying from Cancer—69 years.  
and ages varied from 44 years to 83 years.

*Deaths from Tuberculosis*—(all forms).

Male—1 ; Female—2 ; Total—3.

Total deaths of Residents of the area who died in Hospitals and Institutions—37.

Percentage of Total Deaths allocated to the area—20·3.

*The following Statistics (Vital) for England and Wales are given hereunder for the purpose of comparison :—*

**Death Rate** per thousand of the Civilian Population—11·3

**Birth** { Live Births per thousand of the Civilian Population—15·3

**Rate** { Still Births per thousand of the Civilian Population—0·35

Maternal Mortality Rate—Per Thousand Total Births—0·72.

Still-Birth Rate—Per Thousand of Total (Live and Still) Births  
22·6

Death Rate under 1 year of age—

Per thousand of the related live Births—27·6

## Maternal Mortality.

It is again gratifying to record that no deaths were reported as being attributable to maternal causes.

Many factors, it appears to me, contribute to this very satisfactory state of affairs in rural areas, some of these being :—

Improved Hospital facilities.

Much more and continuously improving Anti-natal supervision and care.

Improved dietary and, generally speaking, higher standards of living.

Improved methods and means of travel and communication.

Constantly increasing knowledge—both expert and lay.

Smaller families and a lower birth rate.

Continuous improvements in the general standards of Public Health and knowledge of hygiene.

A more logical and rational approach to the whole subject of motherhood.

### **Infantile Mortality.**

During the year the deaths of seven infants under the age of one year were notified, of these four were males and three were females—all being legitimate. One death took place in Hospital to which Institution the infant had been removed owing to gross mal-development and mal-formation since birth. Four other deaths took place in Hospital where the births of these infants had taken place. Deaths being due to prematurity and congenital mal-formation. One death occurred at 12 months, another at four months, and the remainder varied between eight hours and two weeks.

Close ante-natal care and supervision coupled with similar post natal attention afford the best means of maintaining Infantile Mortality at as low a rate as is possible.

The following is the Registrar General's detailed list of the various causes of death, together with numbers and sex, allotted to the area during the year 1952:—

<i>Disease</i>		<i>Male.</i>	<i>Female</i>
Tuberculosis			
(a) Respiratory	...	—	2
(b) Other Forms	...	1	—
Malignant Neoplasm			
(a) Stomach	...	3	1
(b) Breast	...	—	1
(c) Uterus	...	—	1
(d) Other Forms	...	4	5
Diabetes	...	—	2
Vascular Lesions of Nervous System		8	12
Coronary Disease (Angina)	...	3	5
Hypertension (with Heart Disease)	...	2	—
Other Heart Diseases	...	15	10
Other Circulatory Diseases	...	1	2
Pneumonia	...	3	—
Bronchitis	...	2	2
Other Diseases of Respiratory System		2	—
Ulcer of Stomach and Duodenum	...	1	—
Nephritis and Nephrosis	...	2	—
Congenital Malformations	...	—	2
Other defined and Ill-defined Diseases		19	15
Motor Vehicle Accidents	...	2	—
All other Accidents	...	2	—
Suicide	...	1	—
Hyperplasia of Prostate	...	1	—
		—	—
	Totals	72	60

Of these deaths 78 were 70 years and upwards and in this number 44 were over 80 years and 10 were over 90 years.



The following Table summarizes the Vital Statistics of the District  
for the Years 1932—52.

Year	Per 1,000 Population				Per 1,000 Births (Live <i>and</i> Still),	
	Birth Rate	Death Rate	Death Rate from Tub- erculosis	Death Rate from Cancer	Maternal Mortality Rate	Rate of Deaths under 1 year
1932	20·1	14·4	·43	1·88	8·5	51·0
1933	14·1	14·6	·43	2·25	Nil	55·0
1934	15·7	13·8	·53	2·28	5·37	100·0
1935	16·2	12·9	·62	1·4	Nil	41·6
1936	14·1	13·1	·54	1·8	5·7	53·8
1937	13·7	14·6	·63	2·1	6·17	46·6
1938	15·05	12·65	64	1·38	11·9	49·1
1939	16·4	14·65	·27	1·9	Nil	89·4
1940	11·8	16·7	·46	2·8	Nil	85·1
1941	14·3	15·09	·42	1·04	5·3	61·9
1942	15·3	15·1	·53	2·3	Nil	46·2
1943	17·1	11·9	·09	1·9	Nil	31·6
1944	17·3	14·1	·28	2·0	5·3	44·2
1945	18·52	13·53	·38	2·0	Nil	41·4
1946	15·25	13·1	·38	2·2	Nil	37·5
1947	17·76	13·6	·56	2·4	Nil	32·6
1948	18·02	13·8	·30	2·4	5·3	37·6
1949	17·63	13·0	·29	1·8	Nil	54·6
1950	15·17	12·65	Nil	2·0	Nil	44·6
1951	15·46	14·08	·29	1·57	Nil	38·2
1952	15·30	11·30	·32	1·70	Nil	27·6

## SECTION "B."

### General Provision of Health Services for the Area.

1. (a) One Part Time Medical Officer of Health.
- (b) One Surveyor and Chief Sanitary Inspector.
- (c) One Deputy Chief Sanitary Inspector.
- (d) One Unqualified Sanitary Assistant.

The two Officers holding appointments as Sanitary Inspectors and and possessing the appropriate certificate of the Royal Sanitary Institute, also act as Food Inspectors when necessary.

2. (a) **Laboratory Facilities.** No change.
- (b) **Ambulance Facilities.** No change.
3. (a) **Nursing in the home.** No change.
- (b) **Nursing of Infectious Cases.** No change.
4. **Treatment Centres and Clinics.** No change.
5. **Hospitals—Public and Voluntary.** No change.
6. **Nursing Homes** (including Maternity Homes). No change.

### Schools.

There were no school closures due to infectious diseases during the year under review.

The widespread epidemic of measles which was so active during the previous year and which affected so many children of school age subsided so that only a few cases of this disease were notified during the year under review.

The general health of the children appears to have been very good during the year and the continued freedom from diphtheria is again worthy of being noted.

This gratifying state of affairs is, without doubt, due to the fact that such a high percentage of the young have been protected against the disease.

It is to be hoped that, in spite of the continued absence of Diphtheria, parents and those having charge of children, will not neglect to take the necessary steps to ensure that children in their care and charge receive their protective injections.

Supervision of the general health of school children is carried out by the School Medical Officer and his staff. Defects found at the periodic examinations of school children are remedied through the appropriate channels and in the indicated clinics.

## SECTION "C."

### Sanitary Circumstances of the Area.

#### Water Supplies.

(i) **Quality.**

To report upon the quality of water supplies in the district it is necessary to distinguish between public supplies and supplies drawn from privately owned sources.

(a) **Public supplies operated by the Council.**

Dealing with the public supplies in my last annual report, I stated that the quality of the water supplied by the Council was generally good but that occasional samples of untreated water prove unsatisfactory for no apparent reason. During 1952, less than half of the samples of untreated piped water bacteriologically examined were found to be satisfactory. These results are disappointing, but it should be borne in mind that when one sample is found unsatisfactory further samples are frequently taken from the same source until better results are obtained. The number of samples falling into each category does not therefore indicate accurately the extent to which the various supplies are satisfactory or otherwise.

Only one village, i.e. Llanfair, is supplied with water which has been treated (apart from the correction of pH value in Llanerfyl and Foel). The percentage of unsatisfactory samples of the treated water is, as one would expect, considerably lower, but in this instance also, better results should be obtained, and no doubt will be obtained when the proposed treatment plant is in operation.

107 samples of water from the various works operated by the Council were bacteriologically examined during the year and the results are tabulated below.

#### Results of Bacteriological Examination of Samples from Works Operated by the Council.

Untreated Supplies.			
Highly Satisfactory	Satisfactory	Suspicious	Unsatisfactory
33	1	6	37
Treated Supplies.			
Highly Satisfactory	Satisfactory	Suspicious	Unsatisfactory
22	0	1	7

In addition to the above, 18 samples of water from the Council's various works were submitted for chemical analysis and all were found satisfactory.



(b) **Private Supplies.**

Requests are continually being received from individuals for samples of privately owned supplies (mostly shallow wells) to be examined. It is not always practicable to comply with the many requests received but 41 samples of privately owned waters were bacteriologically examined during the year and the results are indicated below.

**Results of Bacteriological Examination of Privately Owned Water Supplies.**

Highly Satisfactory	Satisfactory	Suspicious	Unsatisfactory
9	4	1	27

I may mention briefly the improvements carried out by grant-aided farm water schemes under the supervision of the Agricultural Executive Committee. These frequently result in good quality water being piped into farm houses so situated that public piped supplies will not be available to them for many years.

While the merits of these schemes are assessed from the agricultural aspect, there is no doubt that they deserve every encouragement from the Sanitary Authority in areas such as this where comprehensive distribution systems are economically impossible at the present time.

(ii) **Quantity.**

Every parish, throughout the district, requires additional supplies and I give below a brief description of the circumstances in various localities at the end of 1952.

(a) **Parish of Llanfair Caereinion.**

This parish has the highest population of any in the rural district and contains more houses supplied with water from public mains than any other parish. Nevertheless, less than half of the houses in the parish are within reach of water mains. The supply to the village is inadequate to ensure a constant supply during periods of drought and any further development is impossible until the supply is augmented. Fortunately, new works are under construction which will afford an abundant supply and the problem in the future is likely to be one of distribution.

(b) **Parish of Llanfechain.**

In my last report I referred to a proposed scheme for the village of Llanfechain. This has progressed sufficiently to supply a fair-sized housing estate which is a very welcome development. I hope it will be possible to extend the supply beyond the limits of the housing estate and village.

(c) **Parishes of Llandrinio, Llandysilio, Carreghofa and Llansantffraid Deytheur.**

Hitherto, there has been no piped water supply available in these four parishes and consequently housing development has been completely held up. The demand for houses in the parishes is probably greater than in any other part of the district so that the need of a comprehensive water scheme is very great. It is pleasing therefore to be able to record the commencement of work on a water scheme which will go far to meet the needs of the four parishes.

(d) **Parishes of Garthbeibio and Llangadfan.**

These parishes contain the villages of Foel and Llangadfan, both of which are supplied from a source at the Foel. Further development of these villages cannot take place without endangering the adequacy of the supply.

(e) **Parish of Llanfihangel.**

The hamlet of Llanfihangel is a comparatively small one of less than a dozen houses. It has no public piped supply and most of the houses are dependent upon a privately owned supply which is inadequate for the needs of the hamlet. Better provision for the hamlet is needed but, owing to the elevation of the locality, I understand that it is difficult to provide it with a supply of water at reasonable expense.

(f) **Village of Pontrobert.**

There is no public supply in this village and the provision of a satisfactory piped supply is an urgent necessity.

(g) **Parish of Meifod.**

The village of Meifod is adequately supplied but some extension of the distribution system is badly needed.

(h) **Parish of Pennant.**

The present needs of the village of Penybontfawr are catered for by the existing scheme, but additional houses cannot safely be erected nor a sewerage scheme embarked upon until the supply is augmented.

**Plumbo-Solvent Action.**

I would not expect any of the piped supplies controlled by the Council to have a marked aggressive action on metals. In two cases, the water is passed through a contact chamber of limestone chippings to counteract any acidity in the water.

### Dwelling Houses supplied from Public Mains.

The following table gives the number of dwelling houses and the estimated population supplied from public water mains directly into the houses or by means of standpipes.

Parish.	Supply laid on to dwellings or curtilage.		Supply by Standpipe.	
	Number of Dwellings	Approx. Population	Number of Dwellings	Approx. Population
Works controlled by Council.				
Meifod ...	41	164	35	140
Llanerfyl ...	20	79	17	68
Llansantffraid Pool	62	253	68	272
Pennant ...	28	112	26	122
Llangynog ...	28	112	25	112
Llangadfan ...	14	60	17	68
Llanfair Caereinion ...	141	564	74	296
Llanfihangel } including Dolanog Village }	9	36	—	—
Garthbeibio ...	—	—	1	2
Llangyniew ...	—	—	—	—
Hirnant ...	—	—	—	—
Llandysilio ...	—	—	—	—
Llandrinio ...	—	—	—	—
Llanfechain ...	43	172	—	—
Llansantffraid				
Deytheur ...	—	—	—	—
Guilsfield (without) ...	—	—	—	—
Works not controlled by Council.				
Llanfihangel ...	3	12	7	28
Llanwddyn ...	94	376	—	—
Llanrhaiadr ...	25	100	—	—
Carreghofa ...	50	200	2	7
Hirnant ...	2	8	—	—
Llangynog ...	2	7	—	—

### Drainage and Sewerage.

I have on many previous occasions drawn attention to the need of modern sewerage works for the various villages in the district, and in 1944, I expressed my appreciation of the Council's action in authorising the preparation of sewerage schemes for seven villages. It is very disappointing to find eight years later that in no case has the constructional work been commenced.



## Closet Accommodation.

There are no substantial changes to report under this heading, and it is unlikely that many conversions will be made until sewerage works are constructed.

## Public Cleansing.

There has been little change in arrangements for house refuse collection during the year. Most of the villages and hamlets in the district are now scavenged by the Council either through their own Contractors or by arrangements with an adjoining Authority.

Although the present arrangements are fairly comprehensive in that they cater for most groups of houses, there still remains a comparatively large number of houses so situated that it is almost impossible to extend the service to them. The cost of scavenging during the financial year ended March 1953 was £1,692. It remains a matter for the Council to consider whether an increased expenditure can be justified and some of the more remotely situated houses included in the service.

## Sanitary Inspections.

During the year the Sanitary Inspectors carried out the following inspections :—

Public Health	...	90
Water Supplies	...	80
Drainage	...	116
Complaints	...	23
Food and Drugs	...	45
Factories	...	25
Infectious Disease...		9

As a result of the above inspections the following notices were served, with the result indicated.

Informal.		Statutory.	
Served.	Complied With.	Served.	Complied With.
66	23	3	1

## Shops and Offices.

It was not necessary to take any action during the year.

## Camping Sites.

There are no licensed camping sites in the district.

### **Smoke Abatement.**

No action was necessary during the year.

### **Swimming Baths and Pools.**

There are no swimming baths or pools in the district.

### **Eradication of Bed Bugs.**

It was not necessary to take any action during the year.

## **Section "D"**

### **Housing.**

During the year the number of detailed housing inspections made were as follows:—

Rural Housing Survey Inspections	...	572
Other Inspections	... ..	53

The Rural Housing Survey was commenced in 1950 but unfortunately, progress has been considerably slower than expected owing to other demands on the staff.

By the end of the year 1952 the survey had been completed in the Parishes of Llanfechain, Llandysilio, Llandrinio, Llansantffraid Pool, Llansantffraid Deytheur, Pennant and Carreghofa. In due course, a detailed report by the Sanitary Inspector will be available and I will not therefore include in this annual report an analysis of the findings. I may say however that the survey does disclose a high percentage of unfit houses and I do hope that the Council will find it possible in the near future to demolish some of the worst houses.

I may refer also to the possibility of improving the standard of existing accommodation with the aid of Improvement Grants under the Housing Act 1949. The extent to which advantage has been taken of the grants is rather disappointing and it appears to me that either building costs must be reduced or the maximum expenditure permitted under the Act must be increased before the availability of grants towards the cost of improvements can have any substantial effect upon the standard of housing accommodation in the district.

By the end of 1952 the total number of applications for grants was 23. Of these, 5 had received final approval, 1 conditional approval, 6 were found ineligible mainly owing to the high costs involved, 8 were not pursued by the applicants, and 3 were being investigated.

The high cost of repairs makes it very difficult to induce house owners to carry out essential repairs especially when dealing with houses let at a few shillings per week. During the year no statutory notices requiring repairs were issued, but nine houses were made fit as a result of informal action by your officers.

The shortage of accommodation in most parts of the district made it inadvisable to close or demolish any houses during the year, although there are, as the Council will know, many houses which can only be dealt with by demolition or change of use. Nevertheless, during 1953 I anticipate making formal reports in respect of a number of unfit houses, and I hope the Council will find it possible to prevent the further occupation of these houses.

### Factories Acts 1937 and 1948.

#### PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ....	8	5	2	0
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ....	28	20	3	0
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)....	4	—	0	0
<b>TOTAL</b> ....	<b>40</b>	<b>25</b>	<b>5</b>	<b>0</b>

2.—Cases in which **Defects** were found.

Particulars (1)	No. of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ....	2	2			
Overcrowding (S.2) ....					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4) ....					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient ....					
(b) Unsuitable or defective	3	2		1	
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork) ....					
<b>TOTAL</b> ....	<b>5</b>	<b>4</b>		<b>1</b>	



## Outworkers

There are no outworkers in the district and therefore no statistics relating to Part VIII of the Act are included in this report.

## Section " E "

### Quantity of Food Condemned.

There is no abattoir in the district and no premises where meat foods are prepared for sale in substantial quantities. Most of the meat consumed in the district has been inspected outside the district and the quantities of meat and food found unfit for human consumption are comparatively small.

The following table gives details of the quantities of various foods found unfit for human consumption during the year under review.

Meat and Fats				Other Foods			
		lbs.	ozs.			lbs.	ozs.
Bacon	...	22	12	Sugar	...	379	
Tinned Ham		21	15	Tea	...	3	12
Tinned Meats, etc.		17	8	Tinned Fruit	...	7	8
Cheese	...	5	4	Bottled Fruit	...	13	10½
Margarine	...	72		Dried Fruit	...	54	8
				Tinned Milk	...	1	

### Milk and Dairies Orders.

Under the Milk (Special Designations) (Raw Milk) Regulations 1949, supplementary licences are in operation in respect of two Dealers having premises outside the area of this Authority but distributing milk within the area.

## Section "F."

### Prevalence of, and control over, Infectious Diseases.

The major epidemic of measles which was so widespread through the area during the previous year subsided so that, as a result, only a few cases (four male and seven female) were notified during the year under review.

This also applies to whooping cough—six cases were notified—three males and three females. No deaths were reported as being due to either of the above diseases and no ill results appear to have followed in train.

During the year pneumonia appears to have been somewhat more prevalent. Nineteen cases were notified—fourteen being males and five were females.

Three deaths, all males, were, during the year, reported as being due to pneumonia.

One case of Scarlet Fever was notified. It is interesting to note that this disease, during the past years, appears to have lost many of its characteristics, whereas the disease was epidemic virulent, sometimes fatal and its heart and kidneys complications not infrequent and often grave and crippling, the present form is much more benign, less frequent and complications less troublesome and permanent.

Apart from the above and notifications of Tuberculosis (which are dealt with elsewhere) no other cases of infectious diseases were notified.

While 284 such notifications were received during the previous year 37 notifications of infectious diseases were received during the present year.

The following tables give details of the infectious diseases notified during the year (tuberculosis excepted).

Disease.	Number of Cases Notified.		Admissions into Hospital.		Deaths.
	Males	Females			
Pneumonia	14	5	5	3	
Scarlet Fever	1	—	—	—	
Measles	4	7	1	—	
Whooping Cough	3	3	—	—	
TOTAL	22	15	6	3	

## Age Incidence of cases of Infectious Diseases Notified.

Disease.	Under 1 year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—25	25—35	35—45	45—65	65+	Total.
Pneumonia	2	1	3	—	—	3	3	—	—	—	2	4	1	19
Scarlet Fever	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Measles ...	1	2	—	1	1	3	—	—	2	—	—	1	—	11
Whooping Cough	—	2	—	1	1	2	—	—	—	—	—	—	—	6
Total ...	3	5	3	2	2	8	4	—	2	—	2	5	1	37

No immunization against Scarlet Fever was carried out during the Year.

No Vaccinations or re-vaccinations were carried out under the Public Health (Small Pox) regulations.

The usual disinfection of infected premises is carried out when and where necessary by your Sanitary Inspectors who also give instruction in the prevention of infectious diseases.

## Tuberculosis.

**No action was taken during the year under the Public Health (Prevention of Tuberculosis Regulations, 1925 or under section 2 of the Public Health Act, 1925.**

During the year eight new cases of Tuberculosis were notified, the average age at notification being 36 years and ages varied from 12 years to 67 years.

The cases notified were four males (three being Pulmonary cases and one Non-Pulmonary) and four females (three being Pulmonary and one a Non-Pulmonary case).

During the period Tuberculosis caused the death of three persons—one, a Non-Pulmonary case, being a male and two, pulmonary cases, being females. The ages were 14 years, 25 years and 45 years respectively and the death rate per thousand of the population would be 0.31.



**Classification of New Cases of and Death from Tuberculosis  
according to Age, Sex, etc.**

Age Periods. <i>Years.</i>	—NEW CASES—				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0— 1 ...	—	—	...	—	—	...	—	—
1— 5 ...	—	—	...	—	—	...	—	—
5—10 ...	—	—	...	—	—	...	—	—
10—15 ...	—	—	...	1	—	...	—	1
15—20 ...	—	—	...	—	—	...	—	—
20—25 ...	—	1	...	—	—	...	—	—
25—35 ...	1	1	...	—	—	...	1	—
35—45 ...	1	—	...	—	1	...	—	—
45—65 ...	—	1	...	—	—	...	1	—
65+ ...	1	—	...	—	—	...	—	—
Totals ...	3	3	1	1	—	2	1	—

While there are no chest clinics in your area these, together with chest hospitals, are available in adjoining areas and the services of the chest Physician and his staff are readily available, if necessary, at the homes of patients.

Notification of cases of Tuberculosis appears to be satisfactory and all cases whose deaths were reported had been notified and had been treated by the appropriate specialists.

Two of the deaths took place in Hospitals where the patients had been admitted for treatment.

The usual disinfection of infected premises is carried out where necessary by your Sanitary officers who decide as to whether infected clothing should be destroyed and advice as to the best method of disinfecting furniture and contents of rooms.

### **Laboratory Work and Facilities.**

There are no changes to report.

### **Prevention of Blindness.**

No changes in existing organizations, Hospitals or methods of supervision.

### **Cancer.**

This disease accounted for the deaths of fifteen persons, seven being males and eight were females. The average age at death being 69 years and ages varied from 44 years to 83 years.







